



Board for Architects, Professional Engineers, Land Surveyors,
Certified Interior Designers and Landscape Architects
PROFESSIONAL ENGINEER & ENGINEER-IN-TRAINING
EXPERIENCE VERIFICATION FORM

Page _____ of _____

Instructions:

Applicant: Complete **Sections A and C**, **sign and date**, then forward form to the employer. Please enclose a stamped self-addressed envelope. Associates or clients may verify experience obtained through self-employment. Any individual serving as a reference may **not** verify experience on this form. If more space is needed, make additional copies of this form. *Each position must be listed on a separate Experience Verification Form and verified with an original signature.* **AFTER THE SUPERVISOR HAS COMPLETED THE FORM, THE ORIGINAL AND ONE COPY OF EACH COMPLETED FORM MUST BE INCLUDED IN YOUR APPLICATION PACKAGE.**

Experience Verifier: Complete **Sections B and D**, **sign and date**, then return form to the applicant.

Section A (to be completed by applicant)

1. Applicant's Name

Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number*

____ - ____ - ____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address

City State Zip Code

4. Employer (verifying experience on this form)

5. Employer's Address

City State Zip Code

6. Supervisor's Name

Section B (to be completed by supervisor)

1. Supervisor's Name

Last First Middle Generation

2. Supervisor's Title

3. Do you hold any of the following licenses? Check **all** that apply.

Architect	<input type="checkbox"/> State(s) _____	License No. _____
Professional Engineer	<input type="checkbox"/> State(s) _____	License No. _____
Land Surveyor	<input type="checkbox"/> State(s) _____	License No. _____
Other	<input type="checkbox"/> State(s) _____	License No. _____

4. What is your business relationship to the applicant?

Section C (to be completed by applicant)

Job Description – Provide a description (using concise statements) of the scope and nature of work or projects performed. Indicate whether you had full or partial responsibility for the work and the complexity of the work. If additional space is needed for this employer, please copy this form.

Title	From MM/YY	To MM/YY	Part-time? Less than 35 hrs/week NO <input type="checkbox"/> YES <input type="checkbox"/>
			Average part-time hours per week
Total Sub-professional (non-qualifying) Experience*	Number of Years	Number of Months	
Total Professional Experience*	Number of Years	Number of Months	
Applicant's Signature		Date	

Section D (to be completed by supervisor)

Have you supervised the applicant for the entire period listed under Section C?

Yes ☐

No ☐ If no, how long have you supervised the applicant? _____ To _____
DD/YY DD/YY

To the best of your knowledge, did the applicant correctly describe his/her experience in **Section C**?

Yes ☐

No ☐ If no, provide a description of the type of work or projects performed by the applicant and the complexity of his/her work.

Supervisor's Signature _____ Date _____

* Refer to 18 VAC 10-20-240 Experience in the *Virginia Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations* for additional information on sub-professional and professional experience.